

Notice of Change

Termination of SSI Benefits and Medicaid Extension

Wisconsin Department of Health and Family Services

P.O. Box 6680, Madison, WI 53716-0680

SSN:

Recipient/Payee Name:

Recipient/Payee Address:

For help to translate or understand this, please call 1-800-675-0249 (voice/TTY) or 1-800-362-3002 (voice/TTY).

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-675-0249 (voz/TTY) o 1-800-362-3002 (voz/TTY).

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-675-0249 (suab/TTY), 1-800-362-3002 (suab/TTY).

Your Wisconsin Supplemental Security Income (SSI) benefits will end on December 31, 2001.

This is because your Social Security benefits (retirement or disability) are higher than allowed by law for people receiving SSI. The Social Security Administration has told us how much they are paying you every month.

According to state law, only people whose income is less than the combined federal and state SSI payment amount are eligible for SSI. The combined amount is \$711 per month in 2001. This law is Wisconsin Statute, Chapter 49.77 (2) (a) (3).

Your Unearned Income Amount	
\$20 Disregard	<u>- \$20</u>
Countable Unearned Income	
Unearned Income Maximum	<u>\$711</u>
Difference	<u></u>

You have too much unearned income to qualify for Wisconsin Supplemental Security Income. You are ineligible for Wisconsin SSI.

You may appeal our decision to terminate your Supplemental Security Income if you feel we have made factual errors in determining your income. If you do wish to appeal this state action, you must request an appeal by writing to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Your request must be received within 45 days from the date of your termination from Wisconsin SSI. If you want your benefits to continue while you are waiting for the outcome of your appeal, you must notify the Division of Hearings and Appeals within 10 days of receiving this letter. Be sure to include your name and social security number or a copy of this letter with your request.

Our records show that:

- Your Supplemental Security Income (SSI) ends on 12/31/01.
- Your Medicaid has been extended until 01/31/02 because we have to see if you are still eligible for Medicaid.
- You, or someone in your family, have an open Medicaid or food stamp case in our public assistance computer system.

We have asked the county/tribal agency to check if your Medicaid can continue after 01/31/02.

- You don't need to do anything at this point.
- A county/tribal caseworker may call or write you and ask you to complete some forms.
- They will let you know if your Medicaid will continue after 01/31/02.
- If the worker does not notify you by 01/31/02, your Medicaid will continue until a decision is made.
- You can continue to use your Forward card until a decision is made.

What if the county/tribal agency tells you that Medicaid will not continue?

- Your Medicaid will stop after 01/31/02.
- You will receive this information in a letter from the county/tribal agency letting you know your rights and responsibilities.
- That letter will tell you how to request a hearing if you disagree with the decision.

Who do you call if you have questions?

- For questions about your SSI eligibility or payments, call the State SSI Program, toll-free, at 1-800-675-0249.
- For questions about your Medicaid, call Recipient Services, toll-free, at 1-800-362-3002 (TTY and translation services are available).
- Contact your local county/tribal agency or agency caseworker.

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Difference

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\$711

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Our records show that:

- Your Supplemental Security Income (SSI) ends on 12/31/01.
- You received Medicaid because you got SSI.
- Your Medicaid has been extended until 01/31/02, so we can redetermine your Medicaid eligibility.

We need more information from you to check if your Medicaid can continue after 01/31/02.

1. Fill out the enclosed application right away and send it back, even if you do not have all the information. Do your best. Don't send any other papers. We will check your income and assets at a later review.
 2. Be sure to return the application by 01/31/02 in the envelope that came with this letter. Do not send the application to any other agency.
- We will let you know if we can continue your Medicaid after 01/31/02. If we cannot continue your Medicaid, we will send you a letter about your rights and responsibilities.
 - If you mail your application by 01/31/02, we will continue your Medicaid until we process your application.

- Keep using your Forward card for health care services until you hear from us.

What if you don't send the application back by 01/31/02?

- Your Medicaid will stop after 01/31/02.
- You will receive a letter about your rights and responsibilities.
- That letter will tell you how to request a hearing if you disagree with the decision.

Who do you call if you have questions?

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- For questions about your Medicaid, call Recipient Services, toll-free, at 1-800-362-3002 (TTY and translation services are available).
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Enclosures:
Application
Envelope